

**EXHIBIT III-I
QUARTERLY SUMMARY BENEFICIARY REPORT**

Division of Housing

Households and Persons Assisted with Housing

PLEASE SUBMIT 2 COPIES

Name of Grantee:						Contract Encumbrance #:				Quarter End Date			
Contract Start Date:						Contract Expiration Date:							
Assistance Provided by Income	Renters: Include ALL Members of Household Count					Owners: Include ALL Members of Household in Count				Homeless*		Non-Homeless Special Needs (L)	Total (M)
	Elderly 1& 2 Member Households (A)	Small Related (2 to 4) (B)	Large Related (5 or more) (C)	All Other Households (D)	Total Renters (E)	Existing Homeowners (F)	1 st Time Homebuyers		Total Homeowners (I)	Individuals (J)	Families (K)		
							With Children (G)	All Others (H)					
1. Very Low Income (0 to 30% MFI)**													
2. Very Low Income (31 to 50% of MFI)													
3. Other Low Income (51 to 80% MFI)													
4. Total Low Income (lines 1+2+3)													
5. Total Units Completed													

*Homeless families and individuals assisted with transitional or permanent housing.

INSTRUCTIONS:

This form should be completed along with the Quarterly Project Performance Plan Report and the Quarterly Financial Status Report. This report should contain information about **ONLY THE UNITS COMPLETED DURING CURRENT QUARTER.**

The ACTUAL NUMBER OF PERSONS living in the UNIT should be entered in lines 1-4 (columns A-M). The number in line 4 (column M) should EQUAL (7) as the Racial/Ethnic Composition should include all household members.

If your funding is HOME you should attach a copy of each CMI Project Completion Report for units completed during this quarterly period to this document before sending to your asset administrator. Please submit two complete sets (Closeouts & Summary Beneficiary Reports)

If your funding is ESG this form must be submitted quarterly and should be a summary of the Monthly Statistical Summary sheets submitted for the last three months.

If your funding is CDBG or HDG, please attach a list of the completed units including Name, Address, County or City.

IF YOU HAVE ANY QUESTIONS ABOUT HOW TO COMPLETE THIS REPORT CALL YOUR ASSET MANAGER BEFORE COMPLETING!

6. Racial/Ethnic Composition of line 4, column (M) Total Low Income: (optional)	1. Hispanic		
	2. Non-Hispanic White		
	3. Black		
	4. Native American		
	5. Asian & Pacific Island		
	6. Other		
8. FHH	DIS	7. Total (line 4, column (M))	